

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE SUMMER FOOD SERVICE PROGRAM

Monitor Site Review Form (For Vended Sites) 1st Week Review Ath Week Review

1 W	eek Review	4 '	w eek	Kevi	ew		(Circi	e One)			
Name of Sponsor			Name	e of Sit	e						
Date of Review				Site Supervisor							
Dates of Site Operation Beginning Date				Ending Date							
Type of Site				d Camp Migrant Other							
Meal Service Reviewed				Lunch			Supper	☐ Snack			
Approved Average Da	ily Participation										
Breakf	ast Snack	c Lu	nch SnackSupper Snack								
Bround	Siluci				51144		Supp	Shack			
Day of Visit	Breakfast	Lunch/S	unner			Snack		Comments			
Number of Meals	Dicarrast	Dunen/S	иррег		Shack			Comments			
Delivered Time Meals Delivered											
Number of First											
Meals Served Number of Second Meals											
Served Number of Meals											
To Program Adults											
Number of Meals to Non-Program Adults											
Number of Meals Leftover											
Number of Incomplete/											
Damaged Meals				Yes	No	NA		Comments			
Meals are served within	n the approved time	frame?		165	110	11/1		Comments			
Meals are served within the approved time frame?											
Does the meal served meet meal pattern requirements?											
Are adequate quantitie		ents served?									
Foods served are credi											
Food is prepared, handled and served in a sanitary manner?				1							
Do food handlers maintain good personal hygiene and wash hands prior to the meal service?			sh								
Facilities are clean and free from rodents and insects?											
Are the meals counted before signing the delivery receipt?											
Are food temperatures taken when meals are delivered?											
Are meals checked for quality and completeness?											
Is there proper sanitation/storage available for delivered me											
Are meals stored at saf		1									
Are there provisions for storing or returning excess meals?											
Is the meal delivery schedule followed?											
Is the site supervisor following procedures established to meal order adjustments?			nake								
Are meals served as a unit?				+							

	Yes	No	NA	Comments
Are meals consumed by participants on-site?				
Are meals ordered with one meal per participant in mind?				
Are more meals served as seconds than the 2% limit?				
Are accurate counts taken of meals served?				
Does the site staffing pattern correspond to that listed on the approved application?				
Has the site supervisor attended training?				
Are records of adult meals kept?				
Is there documentation of participants eligible for free or reduced-price meals available if applicable?				
Is there a non-discrimination ("And Justice for All") poster, provided by the sponsor, on display in a prominent place?				
Are meals served to all attending participants regardless of race, color, national origin, age, sex, or disability?				
Beneficiary Data				
Indicate the number of participants in attendance in each racial/e American Indian Black or or Alaskan Native Asian African American	an or Hispanic or lander Latino White			
Corrective Action Plan:				
Findings:	Correct			
Signature of Sponsor Monitor				Date
Site Supervisor Signature	Date			